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NOTICE OF APPEAL FROM THE EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCES

Docket Number (Optional)
2269-2914.1US (95-0899.01/US)

CERTIFICATE OF MAILING

In re Application of
Green et al.

Application Number
09/172,553

Filed
October 14, 1998

Express Mail Label Number: EV325772281US

Date of Deposit: June 30, 2003

Person Making Deposit: Matthew Wooton

For
HONEYCOMB CAPACITOR AND METHOD OF FABRICATION

Group Art Unit
2815

Examiner
J. Diaz

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 320.00.

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$ _____

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Commissioner is hereby authorized to charge any **deficiency in fees** which may be required, or credit any overpayment to Deposit Account No. 20-1469. I have enclosed a duplicate copy of this sheet.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record.

☐ attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a).

Brick G. Power
Signature

Brick G. Power Reg. No. 38,581

Typed or printed name

June 30, 2003

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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